Methods

This retrospective, real-world study used data from the Flatiron Health database of patients diagnosed with advanced OC between 1 January 2011 and 29 February 2020 to assess demographic and clinical factors associated with TTNT and OS. BRCA status is a longitudinal EHR-derived, de-identified database comprised of patient-level data, curated via technology-enabled abstraction from ~280 cancer clinics in the USA nationwide. Eligibility criteria are depicted in Table 1.

TTNT outcomes

Patients with VRD showed a statistically significant decrease in TTNT longer compared to patients with VRD (endometrioid (E), mucinous (M) or transitional cell (TC) histologies; patients; following surgery were grouped as NVRD. Patients with remaining gross RD following surgery were defined as VRD.*

For example, viable residual disease (VRD) was found to be more significantly associated with survival than the extent of metastatic disease seen on imaging prior to surgery.*

Objective

To assess the association between residual disease and other clinical factors (e.g., BRCA status), and the risk of PD or death in patients with advanced OC in a real-world setting (including academic and community practices).

Results

Population

1,920,840 patients met study inclusion criteria and were included in this analysis. The majority of patients (88%) included in the study received treatment in the community setting (Table 2).

OS: time from index date until death, last activity or the end of the follow-up period.

Table 2. Patient demographics and baseline disease characteristics

Table 1. Inclusion/exclusion criteria

Inclusion criteria*  Exclusion criteria

Diagnosis of advanced OC (ovarian, fallopian tube and/or primary peritoneal cancer)  218 years of age
Stage III or IV disease  1L treatment
212 weeks of follow-up after 1L treatment

Notes: *Included patients with no surgery, based on Flatiron Health definitions, which combined patients with down surgery status and no surgery together. The no surgery subgroup was excluded as a sensitivity analysis.

Conclusions

HRD could not be assessed as a predictor of TTNT or OS outcomes due to a limited number of patients with an HRd status.

PFS could not be measured directly and was instead measured by proxy using TTNT.

The impact of RD volume on TTNT and OS outcomes could not be assessed because of limited data on dose volume

Study Limitations

OS: time from index date until death, last activity or the end of the follow-up period.

Factors such as VRD and BRCA status are prognostic for worse TTNT and OS in this real-world OC patient population; consideration of these highest risk clinical characteristics in treatment decision-making for 1L OC therapy may impact outcomes.

Implications for the Field of OC

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